

APPLICATION FOR REACCREDITATION

INDIANA COMMISSION FOR CONTINUING LEGAL EDUCATION ACCREDITATION OF SPECIALTY CERTIFICATION PROGRAMS FOR LAWYERS

Supreme Court of Indiana
Commission for Continuing Legal Education
115 West Washington Street
Indianapolis, Indiana 46204-3417

www.in.gov/judiciary

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General Instructions: The Applicant must submit a separate application and fee for each area in which it seeks accreditation. One original and four copies of each application should be submitted to the Commission. Please label enclosures and attachments as appendices and refer to them as such in your responses to the application.

Enclosures: Before mailing your Application for Accreditation, please be sure to enclose the following for only those items that have changed since your initial accreditation:

1. Copy of your organization's charter, bylaws, resolutions or other like documents evidencing the existence of your organization. Include any resolution of your organization's governing body authorizing this application and authorizing the completion and submission by person making the application. If your organization is something other than a corporate entity, please provide the following: documents evidencing the existence of your organization, resolutions or other like documents.
2. Copy of a sample application (and accompanying documents) which attorneys must submit to your organization in order to become certified.
3. Completed ICO Form 2 and a curriculum vitae or resume for each member of the governing board, evaluation committee and staff or your organization.
4. Copy of the handbook, guide or manual that outlines the standards, policies, procedures, guides for self-study and application procedures for your organization.
5. The definition of the specialty or specialties in which the Applicant certifies specialists.
6. If the Applicant's specialty certification program has been approved by the American Bar Association, please attach the documents demonstrating ABA's approval and a copy of the Application submitted to the ABA to obtain that approval.

You must enclose the following:

1. Copies of examinations given in the past two (2) years, or in the case of new organizations, copies of proposed examinations. In cases where an organization accepts examination by another entity, include copies of such examinations. *Please highlight evidence that the law in Indiana, when different from the general law is part of the examination.* Include evidence of the exams' validity and reliability, such as written examination procedures, including a description of how examinations are developed, conducted and reviewed; a description of the grading standards used; and the names of persons responsible for determining pass/fail standards
2. A copy of your financial statements (balance sheets, income statements and federal tax returns) for the past three (3) years.

3. A copy of your budget and financial plan for the next three (3) years.
4. A check in the amount of \$750.00 for the Application Fee. Checks should be made payable to: Indiana Continuing Education Fund. *This application fee is nonrefundable.*

GENERAL INFORMATION

Organization Name:	
Contact Person:	
Street Address:	
City:	County:
State:	Zip Code:
Telephone Number:	Fax Number:
E-Mail Address:	Web Site:
Name of Specialty Area:	

A. APPLICANT ORGANIZATION PROFILE

Organization's Mission Statement/Purpose/Goal (only if changed since initial accreditation):

1. What is the business structure of your organization?

(Please check appropriate responses)

- | | |
|---|--|
| <input type="checkbox"/> Not-for-Profit Corporation | <input type="checkbox"/> Association |
| <input type="checkbox"/> For-Profit Corporation | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> State or Local Bar Association | |
| <input type="checkbox"/> Other. Please explain: | |

Note: Include documents referred to in “Enclosures”, p.1, dealing with your organization, if changes have occurred since the ICO’s initial accreditation.

2. With respect to your Governing Board, Evaluation Committees and Staff, has anything changed since your initial accreditation? Please answer the following for each item that has changed:

How many members are on your governing board?

How many members are on your evaluation committee?

Note: Include documents referred to in “Enclosures”, p.1, ICO Form 2 and curriculum vitae or resume for each member of the governing board, evaluation committee and staff added since your initial accreditation.

3. Has your organization retained or hired a person who, or organization which, has a background in evaluating the validity and reliability of written examinations? ☐ Yes ☐ No

If yes, please enclose an ICO Form 2 for this person or organization.

If yes, explain how this person or organization’s background has been determined and verified.

4.	Does your organization require in order for an attorney to be certified or recertified as a specialists, each of the following:
	<p>(a) Substantial Involvement by the attorney requiring that the time spent practicing the specialty be at least one-third (1/3) of the total practice of a lawyer engaged in a normal full-time practice throughout the three-year period immediately preceding the lawyer's application.</p> <p>Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No Recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>(b) References from at least five (5) attorneys or judges who are familiar with the competence of the attorney and knowledgeable regarding the practice area, none of whom are related to, or engaged in the legal practice with the attorney.</p> <p>Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No Recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>(c) Procedures providing that your organization (as opposed to the lawyer seeking certification) send the reference forms to potential references. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>(d) Procedures providing that your organization (as opposed to the lawyer seeking certification) receive the reference forms from the references. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>(e) Reference forms that inquire into: (check all that apply)</p> <p><input type="checkbox"/> The Respondent's areas of practice <input type="checkbox"/> The Respondent's familiarity with the specialty area <input type="checkbox"/> The Respondent's familiarity with the lawyer seeking certification <input type="checkbox"/> The length of time the Respondent has been practicing law <input type="checkbox"/> The length of time the Respondent has known the lawyer seeking certification <input type="checkbox"/> The qualifications of the lawyer seeking certification in various aspects of the practice <input type="checkbox"/> The lawyer's dealing with judges and opposing counsel</p>
	<p>(f) A lawyer to refrain from submitting as a reference the name of any lawyer or judge who is related to the lawyer seeking certification or currently engaged in legal practice with that lawyer. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>(g) Reservation of the right to seek and consider reference forms from persons of the organization's own choosing. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>(h) Passage of a written examination by the lawyer seeking certification. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, does the written examination: (check all that apply)</p> <p><input type="checkbox"/> Test the knowledge and skills of the substantive and procedural law in the specialty area</p> <p><input type="checkbox"/> Substantially consist of questions not previously used on other examinations</p> <p><input type="checkbox"/> Include professional responsibility and ethics as it relates to the specialty</p> <p><input type="checkbox"/> Include questions about the law in Indiana when different from the general law</p>
<p>(i) Educational experience as required and set forth in Section 4, 4.06D of the Standards for accreditation.</p> <p>Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(j) That all certified attorneys are in good standing to practice law in the State of Indiana and that an attorney's fitness to practice is not in question by virtue of disciplinary action in any other state.</p> <p>Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(i) What procedure have you developed to ensure that the attorneys are in good standing to practice law in the State of Indiana? (Attach additional sheet(s) if necessary for this explanation)</p>
<p>(ii) What procedure have you developed to ensure that the attorneys' fitness to practice is not in question by virtue of disciplinary action in any other state?</p>
<p>(iii) What procedure have you developed to ensure that a certified attorney remains in good standing (after certification) in all states where the attorney is licensed?</p>
<p>(iv) If an attorney's license is suspended or revoked in a state other than Indiana, how will you organization deal with the attorney's certification?</p>

5. Please provide a brief description of your organization's funding sources (membership dues, grant monies, other revenue sources, etc.)

6. How much does it cost the attorney to become certified and then recertified by your organization?

\$_____ Certification
\$_____ Recertification

7. Has your organization been approved to certify attorneys in other states since your initial accreditation in Indiana? If so, please list those states.

8. Has your organization been denied approval to certify attorneys in other states since your initial accreditation in Indiana? If so, please list those states and give the reason(s) for denial.

9. Has your organization been accredited by the American Bar Association as a certifying body *in the specialty area* in which you are applying. ☐ Yes ☐ No

10. What is the total number of attorneys certified by your organization as of the date of this application?

11. Please list the number of attorneys certified by your organization according to the state and area of practice. (If there is insufficient space, please list on a separate sheet).

STATE	NUMBER OF CERTIFIED ATTORNEYS	AREA OF PRACTICE

12. What was the average number of applications for certification processed annually during the last three years by your organization? _____ Per year.

13. What was the average annual number of applications for certification approved by your organization during the last three years? _____ Per year.

14. What was the number of applications for certification disapproved for each of the last three years? 20__: _____ 20__: _____ 20__: _____

15. What are the primary reasons applicants have been disapproved by your organization during each of the last three years?

B. ORGANIZATION'S CERTIFICATION PROGRAM

1. What is the length of the certification period under your organization's program?

2. Does your organization have an appellate process in place for attorneys who are refused certification? ☐ Yes ☐ No

If this process has changed since the date of your initial accreditation, describe your organization's policy providing the appeal procedure. Include information as to whether your policy provides a lawyer seeking certification the opportunity to present his or her case to an impartial decision maker in the event of denial of eligibility or denial of certification.

3. Describe the methodology used by your organization, which ensures the unbiased consideration of lawyers seeking certification, if your policy has changed since the date of your initial accreditation.

4. Does your organization's program description indicate that your organization does not discriminate against lawyers seeking certification on the basis of race, religion, gender, sexual orientation, disability or age? ☐ Yes ☐ No

If this process has changed since the date of your initial accreditation, describe this process. You may attach any necessary supporting documents.

5. Please describe your organization's program for recertification if it has changed since the date of your initial accreditation. Attach any necessary supporting documents.

6. Do you have a process in place to revoke an attorney's certification? ☐ Yes ☐ No
If yes, please describe this process. You may attach any necessary supporting documents.

7. Does your revocation process offer an appellate procedure to attorneys whose certification is revoked? ☐ Yes ☐ No
If yes, please explain:

STATEMENT OF AUTHORIZATION

As authorized representative of and contact person for purposes of this application for accreditation, I authorize and consent to an investigation as to the matters requested and disclosed in this application. Further, I agree to the following:

- (1) to provide further information which may be required in reference to the current or prior activities of our organization, and to cooperate in the investigation of the statements on this application;
- (2) that in connection with making this application, I agree to abide by the Standards, Governing Rules, Evaluation Criteria and Procedures which have been or may be established by the Indiana Commission for Continuing Legal Education Accreditation of Specialty Certification Programs for Lawyers, as amended from time to time;
- (3) to release, discharge, exonerate and hold harmless the Indiana Commission for Continuing Legal Education, its officers, agents and employees from liability of any kind, including costs and expenses, for any suit or damages sustained by any person or property by virtue of the activities of the undersigned's relating to accreditation by the Indiana Commission for Continuing Legal Education;
- (4) That the Indiana Commission for Continuing Legal Education may make material submitted by our organization in connection with this application available to agencies other than the Indiana Commission for Continuing Legal Education.

I certify that I am authorized by our organization to submit this application and that the information disclosed and the items provided pursuant to the requirements of this application are true and complete to the best of my knowledge and belief

Signature of Authorized Representative

Typed Name

Title

For

State of _____)

)

County of _____)

On this _____ Day of _____, 20 _____, before me
personally appeared _____ To me known as the
person described in, and who executed this instrument, and acknowledged that he/she executed it
as his/her free act and deed.

Notary Public

State of

County of

My Commission Expires:
